Miller Co. Miller	_		THE DIVISION OF HEALTH OF MISSOURI								
Part No.		-	1177 005 TO 1201								
a. COUNTY b. CITY (II conside corporate limits, write RURAL and give and the county of the county o			BIRTH NO		REG. DIST. NO. 211	PRIMARY REG. DIST	. NO. 4324 Registrar's 1	1,32 - 57			
a. COUNTY b. CITY (II conside corporate limits, write RURAL and give and the county of the county o		ì	I. PLACE OF DEA	TH		2. USUAL RESID	DENCE (Where decorated lived. If	institution: regidence before			
TOWN There are the second to backloss of such control of the second to backloss of the second		\			···	a. STATE	b COUNTY	admission).			
TOWN There are the second to backloss of such control of the second to backloss of the second			b. CITY (If outside corporate limits, write RURAL and give C. LENGT			OF C. CITY (If outside or	c. CITY (If outside corporate limits, write RURAL and give township)				
Sargh Emelline Burling Birth Sargh Emelline Burling Birth Sargh		CORD	I		RT Z	TOWN T	beria Osage Tv				
Sargh Emelline Burling Birth Sargh Emelline Burling Birth Sargh			d. FULL NAME OF (HOSPITAL OR INSTITUTION	Home O	nstitution, give street address or locati	ADDRESS	Route 2				
5. SEX 6. COLOR OR RACE 7. MASSING DIVER MARRIED 9. DATE OF BIRTH 9. AEE (Is pass Mostlas Days Da			1		b. (Middle)		OF	h) (Day) (Year)			
13.6. FATHER'S NAME 13.6. MOTHER'S MAIDEN NAME 14. NAME OF MUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 18. CALLE OF FO							<u></u>				
13.6. FATHER'S NAME 13.6. MOTHER'S MAIDEN NAME 14. NAME OF MUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 18. CALLE OF FO		<u> </u>	5. SEX 6.	COLOR OR RACE	WIDOWED, DIVORCED (Speci), 2 8. DATE OF BIRTH	9, AGE (In years) of the last birthday) Mont				
13.6. FATHER'S NAME 13.6. MOTHER'S MAIDEN NAME 14. NAME OF MUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 18. CALLE OF FO		3	Female	White	Widowed	May 20 18	79 78	<u> </u>			
13.6. FATHER'S NAME 13.6. MOTHER'S MAIDEN NAME 14. NAME OF MUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 18. CALLE OF FO		Z I	10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINESS OR	IN. 11. BIRTHPLACE (C	ity and State or Foreign Country)	12. CITIZEN OF WHAT			
13.6. FATHER'S NAME 13.6. MOTHER'S MAIDEN NAME 14. NAME OF MUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CALLE OF FORCES? 18. CALLE OF FO			HOUSE:	wifa	5031		•				
ROBERT BOYD 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH Roter only one-course per 18. CAUSE OF DEATH ROTER SIGNATURE		P4			136. MOTHER'S MAI						
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY (No. Do. or unknown) (If yes, sire war or dates of service) 16. SOCIAL SECURITY (No. D. or unknown) (If yes, sire war or dates of service) 16. SOCIAL SECURITY (No. D. Or unknown) (If yes, sire war or dates of service) 16. SOCIAL SECURITY (No. D. Or unknown) (If yes, sire war or dates of service) 16. SOCIAL SECURITY (No. D. Or unknown) (If yes, sire war or dates of service) 16. SOCIAL SECURITY (No. D. Or unknown) (If yes, sire war or dates of service) 16. SOCIAL SECURITY (No. D. Or unknown) (II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(b) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(c) D		◀		а.	Comthia G	MOUTION ON	H.G.Burlinga	me			
18. CAUSE OF DEATH Enter only one counse per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH* (a) LILE and State of String, and DEATH (b) Country Cou		Ħ			FORCES? 16. SOCIAL SECUR	TY 17. INFORMANT	'S SIGNATURE OR NAME	ADDRESS			
18. CAUSE OF DEATH Enter only one counse per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH* (a) LILE and State of String, and DEATH (b) Country Cou		3	(Yes. no. or unknown) (If			NO.	en en				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) *This does not mean the mode of string, such as heart failure, authenia, at. It means the discase, injury, or complication which caused death. *This does not mean the mode of string, such as heart failure, authenia, at. It means the discase, injury, or complication which caused death. *This does not mean the discase, injury, or complication which caused death. *This does not mean the mode of string, such as heart failure, authenia, at. It means the discase, injury, or complication which caused death. *This does not mean the mode of string, such as heart failure, authenia, at. It means the discase, injury, or complication which caused death. *This does not mean the mode of string, such as heart failure, authenia, at. It means the discase, at. It means the discase of conditions contributing to the death but not related to the disease or condition causing death. **Juny or complication which caused death. **Juny or compli		₽			MEGICA		ner kansas ity	I INTERVAL RETWEEN			
*This does not mean the the mode of dyting, such as heart failure, extending the as heart failure, extending the above cause (a) stating the underlying cause last. DUE TO (c) See DATE OF OPERA 198. DATE OF OPERA TION 198. DATE OF OPERA TION 218. ACCIDENT (Bpactity) 219. PLACE OF INJURY (a.g., to or about to the disease or condition causing death. 218. ACCIDENT (Bpactity) 219. PLACE OF INJURY (a.g., to or about to the disease or condition causing death. 219. The (Month) 210. MAJOR FINDINGS OF OPERATION 211. ACCIDENT (Bpactity) 210. PLACE OF INJURY (a.g., to or about to the disease or condition causing death. 211. ACCIDENT (Bpactity) 212. PLACE OF INJURY (a.g., to or about to the disease or condition causing death. 214. ACCIDENT (Month) 215. PLACE OF INJURY (a.g., to or about to the disease or condition causing death. 216. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 217. HOW DID INJURY OCCURY (STATE) 218. ACCIDENT (Month) (Day) (Town) (To		NK	Enter only one cause per	I. DISEASE OR C		retral X	emanage	ONSET AND DEATH			
The mode of dring, such as heart failure, arthenia, the mode of dring, such as heart failure, arthenia, the mode of dring, such as heart failure, arthenia, the mode of dring, such as heart failure, arthenia, the underlying cause last. DUE TO (c) DUE TO (c)			· · · · · · · · · · · · · · · · · · ·	ANTECEDENT C	AUSES	/	- 4				
as heart failure, authenia, etc. It means the discusse failing the underlying cause last. DUE TO (c)		Ö		•		melense	us Cardio rea	Man			
DUE to (c) Conditions which caused death. II. OTHER SIGNIFICANT CONDITIONS		. 3	as heart failure, asthenia,	rise to the above of	cause (a) stating	16-1	1.				
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 12b. MAJOR FININGS OF OPERATION 12b. MAJOR FINDINGS OF OPERATION 12b. MAJOR				int page,, yang ca		Touch,	desease	_			
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) INJURY 21e. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from alive on the date stated above. 22. I hereby certify that I attended the deceased from alive on the date stated above. 23e. SIGNATURE 24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) 25f. FUNE PAR DIRECTOR'S SIGNATURE 25f. FUNE PAR DIRECTOR'S SIGNATURE 26 DATE SIGNATURE 27 DATE SIGNATURE 28 DURIAL CREMA- 24b. DATE 27 DATE SIGNATURE 28 DATE SIGNATURE 29 FUNE PAR DIRECTOR'S SIGNATURE 29 FUNE PAR DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		Ç									
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) INJURY 21e. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from alive on the date stated above. 22. I hereby certify that I attended the deceased from alive on the date stated above. 23e. SIGNATURE 24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) 25f. FUNE PAR DIRECTOR'S SIGNATURE 25f. FUNE PAR DIRECTOR'S SIGNATURE 26 DATE SIGNATURE 27 DATE SIGNATURE 28 DURIAL CREMA- 24b. DATE 27 DATE SIGNATURE 28 DATE SIGNATURE 29 FUNE PAR DIRECTOR'S SIGNATURE 29 FUNE PAR DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS				Conditions contri	buting to the death but not use or condition causing death.						
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) INJURY 21e. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from alive on the date stated above. 22. I hereby certify that I attended the deceased from alive on the date stated above. 23e. SIGNATURE 24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) 25f. FUNE PAR DIRECTOR'S SIGNATURE 25f. FUNE PAR DIRECTOR'S SIGNATURE 26 DATE SIGNATURE 27 DATE SIGNATURE 28 DURIAL CREMA- 24b. DATE 27 DATE SIGNATURE 28 DATE SIGNATURE 29 FUNE PAR DIRECTOR'S SIGNATURE 29 FUNE PAR DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		. ₹ .	19a. DATE OF OPERA-			• • • • • • • • • • • • • • • • • • • •		20. AUTOPSY?			
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) INJURY 21e. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from alive on the date stated above. 22. I hereby certify that I attended the deceased from alive on the date stated above. 23e. SIGNATURE 24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) 25f. FUNE PAR DIRECTOR'S SIGNATURE 25f. FUNE PAR DIRECTOR'S SIGNATURE 26 DATE SIGNATURE 27 DATE SIGNATURE 28 DURIAL CREMA- 24b. DATE 27 DATE SIGNATURE 28 DATE SIGNATURE 29 FUNE PAR DIRECTOR'S SIGNATURE 29 FUNE PAR DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		Z	TION	Í			44271				
21d. TIME (Month) (Day) (Fear) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 1850 to 1850 to 1950, that I last saw the deceased alive on 1957, and that death occurred at 6:00 m., from the causes and on the date stated above. 22e. SIGNATURE (Degree or title) 23b. ADDRESS 22e. SIGNATURE (Degree or title) 23b. ADDRESS 22e. BURIAL CREMA- 24b. DATE (24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) 22e. BURIAL CREMA- 24b. DATE (24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) DATE REC'D BY LOCAL REGISTRAYS SIGNATURE (25 FUME PAR DIRECTOR'S STATURE) ADDRESS	! ! !		21a. ACCIDENT	(Bracify)	21b. PLACE OF INJURY (e.g., in or a	out 21c. (CITY, TOWN, OF	R TOWNSHIP) (COUNTY)				
21d. TIME (Month) (Day) (Fear) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 1850 to 1850 to 1950, that I last saw the deceased alive on 1957, and that death occurred at 6:00 m., from the causes and on the date stated above. 22e. SIGNATURE (Degree or title) 23b. ADDRESS 22e. SIGNATURE (Degree or title) 23b. ADDRESS 22e. BURIAL CREMA- 24b. DATE (24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) 22e. BURIAL CREMA- 24b. DATE (24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) DATE REC'D BY LOCAL REGISTRAYS SIGNATURE (25 FUME PAR DIRECTOR'S STATURE) ADDRESS	l	Z	SUICIDE		home, farm, factory, street, office bldg.,	no.)	•				
22. I hereby certify that I attended the deceased from 1850 to 1850, that I last saw the deceased alive on 1850, 1850, and that death occurred at 6000 m, from the causes and on the date stated above. 23. SIGNATURE (Degree or tile) 123b. ADDRESS 24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) 24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNE PAR DIRECTOR'S SYCHATURE ADDRESS		182		(Day) (Tage)	(Haur) 21e. INJURY OCCURR	ED 21f. HOW DID INJUR	Y OCCUR7	-			
22. I hereby certify that I attended the deceased from 1850 to 1850, that I last saw the deceased alive on 1850, 1850, and that death occurred at 6000 m, from the causes and on the date stated above. 23. SIGNATURE (Degree or tile) 123b. ADDRESS 24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) 24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNE PAR DIRECTOR'S SYCHATURE ADDRESS		P	OF THE PLANT	(Jan.)	WHILE AT I'M NOT WHILE						
24a. BURIAL. CREMA- 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) TOM REMOVAL (Specify) 7/10/57 Mt. Zion This cumbia MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNE PAR DIRECTOR'S STEATURE ADDRESS		¥			- HORK - AT WORK	50	2 57 ··				
24a. BURIAL. CREMA- 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) TOM REMOVAL (Specify) 7/10/57 Mt. Zion This cumbia MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNE PAR DIRECTOR'S STEATURE ADDRESS		12	1 TATE								
24a. BURIAL. CREMA- 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) TOM REMOVAL (Specify) 7/10/57 Mt. Zion This cumbia MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNE PAR DIRECTOR'S STEATURE ADDRESS		- ₹	7/	7 (21, 10)		at	the causes and on the date st				
24a. BURIAL. CREMA- 24b. DATE / 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City; town, or county) (State) TOM REMOVAL (Specify) 7/10/57 Mt. Zion This cumbia MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNE PAR DIRECTOR'S STEATURE ADDRESS		H	234 SIGNATURE	4	(Degree or tig	236. ADDRESS	1:7	2. DATE SIGNED			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNE PAR DIRECTOR'S STORATURE ADDRESS	I		101: 6.	N M	upruge	s.v. / me	eunora, "	40 7 7 7			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNE PAR DIRECTOR'S STORATURE ADDRESS		ırı	24a, BURIAL, CREMA		1/ 1		1	county) (State)			
BATE REC. BY BEEL INC. OF A A STATE OF THE REG. I WAS A STATE OF THE REC. I WAS A STATE OF THE R		.	Burial	1/10/		,					
5) 18 9-57 The W. E. N. a. Wenbach The TOAS Hymen 1 Harby Therio Ma	;	•	RFG			253 FUNE PAK DI RE	GTOR'S STEALTHAN	ADDRESS .			
J. Z. Market Control of Control of Market Ma	5.	2									
(Licensed Embalmer's Statement on Reverse Side)		0			(Licensed Embalme	r's Statement on Reverse S	ide)				
		-									

RECEIVED
JUL 12'57

Miller County

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by							
		Student Embainer No					
orking under my personal supervision.	v	Walley & Nedger					
Student	Signed	Millely V. / Yedger					
Student Embalmer	• • •	Licensed Embalmer No. 4265					
and the second second		The william					

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.